

PLUMBING PERMIT APPLICATION

☐ RESIDENTIAL☐ COMMERCIAL

Date:

Permit No.:						Check No.:					
Job Location Address:											
Owner's Name:											
Address:											
Town:						State:			Zip:		
Phone:				Work Phone:				Fax:			
Contractor:						License No.:					
Address:											
Town:						State:			Zip:		
Phone:				Work Phone:				Fax:			
Architect:						License No.:					
Engineer:						License No.:					
Is this a change of use? <input type="checkbox"/> Yes <input type="checkbox"/> No						Type of Constr.:			Use Group:		
Describe the work to be performed:											
Construct: <input type="checkbox"/> New <input type="checkbox"/> Alter <input type="checkbox"/> Addition											
1 & 2 Family Dwelling		Basement	1 st Floor	2 nd Floor	3 rd Floor	Fee					
Water Closets											
Tubs											
Lavatories											
Showers											
Sinks											
Washing Machine											
Water Heater											
Water Connection											
Other											
Multi-Family, Industrial & Commercial:				Estimated Cost:							

Agent/Contractor Signature: _____

Owner Signature: _____

Approved By: _____

Estimated Cost	\$ _____
State Educ. Fee	\$ _____
Permit Fee	\$ _____
Inspection Fee	\$ _____
Total	\$ _____
Date Approved:	_____